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CHAPTER 9. SCOPE OF PRACTICE

9.01 STATEMENT OF POLICY

a. A scope of practice invests a specified rehabilitation medicine therapist with the authority and responsibility of providing treatment to referred VA (Department of Veterans Affairs) patients.

b. A scope of practice will be granted by individual VA health care facilities based upon the individual therapist's:

- (1) Formal education,
- (2) Licensure and certification status,
- (3) Experience,
- (4) Competencies,
- (5) Abilities, and
- (6) Other relevant information, such as clinical specialty areas.

c. The scopes of practice for the therapy disciplines of Kinesiotherapy, Occupational Therapy and Physical Therapy cannot exceed the "Standards of Practice" as defined by the respective professional organizations (i.e., American Kinesiotherapy Association, American Occupational Therapy Association and American Physical Therapy Association).

d. A scope of practice for Educational Therapy is found in paragraph 9.03.

e. A scope of practice for Manual Arts Therapy is found in paragraph 9.04.

NOTE: "Clinical Privileges" for the therapy disciplines will be used in accordance with established VA regulations.

9.02 GENERAL PROVISIONS

a. These guidelines are applicable for processing applications for a scope of practice for all rehabilitation therapists irrespective of geographic location or organizational assignment. The process for granting renewal of a scope of practice will be the same as that for granting the initial scope of practice.

b. The supervisor of the respective rehabilitation therapy section (educational therapy, kinesiotherapy, manual arts therapy, occupational therapy, physical therapy) will develop written criteria and procedures, which must be approved by the Chief, RMS or physician designee, for granting a scope of practice to an individual rehabilitation therapist.

- (1) These criteria and procedures include:
 - (a) Recommended levels of continuing education,
 - (b) Quality assurance, and

(c) Utilization guidelines, such as standards established by the respective national therapy association.

(2) The criteria and procedures will specify the appropriate level of performance required to receive, maintain or renew this status at each of the defined levels of scope of practice for rehabilitation specialists.

c. Section supervisors will be responsible for submitting the initial application for a scope of practice and shall apply for renewal biennially for self and staff.

d. Each RMS will have procedures for reviewing initial and renewal requests for a scope of practice.

e. Final approval will be indicated by the signature of the chief of the respective section, and of the Chief, RMS.

f. Staff applications for renewal will include:

(1) Evidence of continued competency appropriate to the areas of practice, and

(2) Supervisory certification indicating all performance requirements have been met satisfactorily.

g. With the approval of the Chief, RMS, or designee, therapists who have already demonstrated competency in a specific skill, and were already conducting treatment programs prior to issuance of the scopes of practice mandate, may continue to practice this skill.

9.03 EDUCATIONAL THERAPY

The "Scope of Practice" is the level of practice granted to the experienced educational therapist.

a. The majority of the educational therapist's patient education activities involves work of a highly complex nature and is performed independently utilizing the supervisory educational therapist or designee as a consultant.

b. To qualify for practice that exceeds entry-level skills, the applicant must have demonstrated competency in a health care setting for a least 1 year during the previous 3 years and provide documentation of continuing education in the applicant's current area of practice. The general scope of practice for educational therapists includes, but is not limited to, the following:

(1) Assessment by the:

(a) Analysis of formal educational preparation prior to acceptance in the program,

(b) Analysis of educational needs to prepare for GED (General Educational Development) testing, and

(c) Analysis of special educational needs in order to prepare for vocational changes or upgrading, or for other areas of need; and

(2) Treatment by:

- (a) Conducting adult basic education for semi-literate individuals.
- (b) Providing remedial instruction for individuals with educational handicaps, learning disabilities, and/or cognitive dysfunction.
- (c) Implementing academic and developmental education techniques.
- (d) Counseling in marketable job skills.
- (e) Providing expertise in poetry, prose, drama, and other educationally creative areas.
- (f) Arranging GED testing.
- (g) Providing work-based avocational activities.
- (h) Assisting with patient newspapers, and
- (i) Teaching:
 - 1. Typing,
 - 2. Word processing,
 - 3. Computer technology, and
 - 4. Current events.

9.04 MANUAL ARTS THERAPY

A "Scope of Practice" is the level of practice granted to the experienced manual arts therapist (sometimes referred to as vocational rehabilitation therapist).

a. The majority of the manual arts therapist's patient care activities involves work of a highly complex nature and are performed independently utilizing the supervisory manual arts therapist as a consultant.

b. To qualify for practice that exceeds entry-level skills, the applicant must have demonstrated competency in a health care setting for at least 1 year during the previous 3 years and provide documentation of continuing education in the applicant's current area of practice. The general scope of practice for manual arts therapists includes, but is not limited to, the following:

- (1) Assessment of the:
 - (a) Functional level and work potential utilizing:
 - 1. Job sample evaluations,
 - 2. Work adjustment evaluations, and
 - 3. Standardized vocational testing instruments; and
 - (b) Ability levels.

(2) Treatment by:

(a) Promoting optimal functioning in work settings by modifying the environment;

(b) Providing structured work situations through the work-for-pay assignments;

(c) Promoting sociability and interdependence by providing group work situations;

(d) Providing Compensated Work Therapy (work-for-pay) as a therapeutic assessment;

(e) Conducting Incentive Therapy (work-for-pay) to evaluate work tolerance and low-level work performance;

(f) Providing work-based avocational activities to reduce hospitalization; and

(g) Providing pre-discharge patient education and coordination of community resources to increase successful community re-entry.